

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040510

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

382

Primary Registration District No.

5655

Registrar's No.

328

FILED NOV 4 1963

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Mt. Vernon

Length of stay in 1b

21 das.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Bliss Haven Nursing Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Lawrence

c. CITY

OR

TOWN

Mt. Vernon

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Rural Rte. #3

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

Leona Virginia Garrison

4. DATE

Month

Day

Year

OF
DEATH

October 28

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/1/1875

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Saline County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Allan Dinkle

13b. MOTHER'S MAIDEN NAME

Signora Berry

14. NAME OF HUSBAND OR WIFE

James Garrison - dec'd 1929

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

J. Merton Garrison, Mt. Vernon, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial failure

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

DUE TO (b)

CA of the liver with Metastases

1 month

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6/1/56

to 10/28/63

and last saw her alive on 10/28/63

Death occurred at

8:55

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mt. Vernon, Missouri

22c. DATE SIGNED

10/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10/31/63

23c. NAME OF CEMETERY OR CREMATORY

Salmon Cemetery

23d. LOCATION (City, town, or county)

Mt. Vernon, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Max L. Fossett

Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG.

10-30-63

26. REGISTRAR'S SIGNATURE

Roy Grantham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0550
2 0550
3
4 1
5 2
6
7 0
8 2
9 1561
10
11
12 86-0
13 5-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Max L. FossettLicensed Embalmer No. 4252

P. O. Address

Mr. Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.